

SEMIANNUAL SUMMARY

HIV-1/HIV-2 TESTING IN CALIFORNIA BLOOD BANKS AND PLASMA CENTERS

Name of facility		State ID number
Address (number, street)	City	ZIP code
Medical director		Telephone number ()

☐ Blood Bank

☐ Plasma Center

STATISTICAL SUMMARY OF TESTING RESULTS

Semiannual period _____ Year _____

CATEGORIES	HOMOLOGOUS UNITS			AUTOLOGOUS UNITS ONLY
	Male	Female	Total	Total
1. TOTAL UNITS TESTED IN REPORTING PERIOD				
HIV-1/HIV-2 ANTIBODY TEST RESULTS				
2. Initially HIV-1/HIV-2 EIA Reactive				
3. Repeatedly HIV-1/HIV-2 EIA Reactive				
4. Confirmatory HIV-1 Test Positive				
5. Confirmatory HIV-1 Test Indeterminate				
HIV-2 ANTIBODY TEST RESULTS				
6. Initially HIV-2 EIA Reactive				
7. Repeatedly HIV-2 EIA Reactive				
8. Confirmatory HIV-2 Test Positive				
9. Confirmatory HIV-2 Test Indeterminate				
HIV-1 p24 ANTIGEN TEST RESULTS				
10. Initially EIA Reactive				
11. Repeatedly EIA Reactive				
12. HIV-1 p24 Antigen Positive				
13. HIV-1 p24 Antigen Indeterminate				

Comments:

INSTRUCTIONS

1. All California licensed blood banks and plasma centers must complete and submit this report twice yearly according to State Law [Health and Safety Code, Section 120980(j)].
2. The report periods are: (1) January 1–June 30 and (2) July 1–December 31.
3. **Please submit within 30 calendar days of the last day of each semiannual period.**

Name of person completing this form	Telephone number	FAX number
Signature	Date filed	

Return to: Department of Health Services
Office of AIDS
HIV/AIDS Epidemiology Branch
Case Registry Sections
Blood Bank Analyst
P.O. Box 942732
Sacramento, CA 94234-7320